



PACT ACCOUNT CANCELLATION REQUEST

Please cancel the following PACT account(s):

PACT Account Number: _____

Purchaser Name: _____

Purchaser Address: _____

(This is the address where the refund check will be mailed) .

Beneficiary Name: _____

Reason for Cancellation: _____ Personal _____ Death of Beneficiary

_____ Beneficiary Scholarship

(The \$75 Cancellation Fee is waived in case of scholarship or death of beneficiary, but requires the submission of a copy of the death certificate or scholarship letter)

I certify by signing below that the information I have provided on this form is true and correct. I understand that submission of this information and this certification are treated as made under oath by law and subject to penalties for perjury. (Ala. Code, § 13A-10-100(a) (3) and § 13A-10-102.)

Signature of Purchaser: _____

Date: _____

Daytime Telephone Numbers with area codes: _____

Please fax to 1-800-830-7390 or mail to:

PACT

P.O. Box 12865

Birmingham, AL 35202-2865